

STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
BUREAU OF CONSTRUCTION PROJECT REVIEW

**PROJECT REVIEW APPLICATION**

Application Date: \_\_\_\_\_

DCA Project Number: \_\_\_\_\_

1. Project Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Municipality \_\_\_\_\_ County \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Note: Do not use mailing address for the above information.**

2. Project Type: ☐ New Construction ☐ Addition ☐ Change of Use ☐ Repair ☐ Renovation ☐ Alteration ☐ Reconstruction  
Filing Type: ☐ Variation ☐ Complete Plan Release ☐ Partial Plan Release (see Section 4, below)

**3. Project Specifications:**

Use Group \_\_\_\_\_  
Area of largest floor \_\_\_\_\_  
Gross area of bldg. \_\_\_\_\_  
Total volume \_\_\_\_\_  
No. of stories \_\_\_\_\_  
Maximum height \_\_\_\_\_  
Construction type \_\_\_\_\_  
Elevator? ☐ Yes ☐ No

Total Project Cost—all disciplines:  
\$ \_\_\_\_\_  
Cost of Barrier Free Renov./Alt. Work  
\$ \_\_\_\_\_

**4. Partial releases requested:**

Release Type	Expected Submission Date
<input type="checkbox"/> Footings and foundations	_____
<input type="checkbox"/> Underslab utilities	_____
<input type="checkbox"/> Structural framework	_____
<input type="checkbox"/> Exterior building	_____
<input type="checkbox"/> Interior building	_____
<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Mechanical	_____
<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Fire protection	_____
<input type="checkbox"/> Elevator	_____

**5. Applicant information: comments/releases will be sent to architect/engineer and either owner or owner's designated agent. Indicate which by checking appropriate box.**

**Note: do not list architect/engineer of record as owner's designated agent.**

☐ Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ **OR** Decline Email Communication

☐ Owner's Designated Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ **OR** Decline Email Communication

Architect/Engineer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ **OR** Decline Email Communication

**Owner's or Designated Agent's Signature:**

***For office use only:***

**Plan review fee:** \$ \_\_\_\_\_

**Permit fee:** \$ \_\_\_\_\_

**Training fee:** \$ \_\_\_\_\_

**CO/CCO fee** \$ \_\_\_\_\_

**Elevator review** \$ \_\_\_\_\_

**Elevator T & I** \$ \_\_\_\_\_

**Total fees** \$ \_\_\_\_\_

**Rec'd from** \_\_\_\_\_

**Check cash amt** \$ \_\_\_\_\_

**Check number** \_\_\_\_\_

**Rec'd by/date** \_\_\_\_\_ / \_\_\_\_\_